

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>7/11/60</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>60135</i>	<i>7/14/60</i>
FORMALITY REVIEW	<i>[Signature]</i>	<i>60135</i>	<i>8/30/60</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	6/26	
2	✓	11/1	
3	✓	11/1	
4	✓	11/1	
5	✓	11/1	
6	✓	11/1	
7	✓	11/1	
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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